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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
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Verified and Acknowledged	Examiner's Signature			Initials	NC	8	24	2

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TITLE

MEDICAL VACUUM ASPIRATOR DEVICE HAVING REMOVABLE VALVE HOUSING

FILING FEE RECEIVED 886	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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